

For Procurement Purposes Only					
Buyer:					
Extension:	WSRC PO No.:				
WSRC Supplier Code:					
Please check one of the following: ☐ New ☐ Reopen ☐ Update					

Supplier Information		Please check one of the following: ☐ New ☐ Reopen ☐ Update			
t is requested that you complete and sign this nformation below will be used to add and/or up prompt response.	form. If son odate our P	rocurement Cy	ycle System data on curre	company, please enter nt and/or prospective su	NA (Not Applicable). The uppliers. We appreciate your
Supplier Name:			nformation		
A Subsidiary/Division of:					
Purchase Order Address:					
City:				State:	Zip:
Contact Name:					
Contact Phone:	tact Phone: Toll Free:		Fax:		
Email Address:	ail Address:		Web Site Address:		
Payment Address:					_
Dity:				State:	Zip:
			atus Information		
Federal Identification Number:			Is your company clas	sified as one of the follo	owing:
Is your business: (Please answer Yes or No to each)			☐ Educational Institution ☐ Federal Government		
Incorporated:	☐ Yes	☐ No	☐ Non-Profit	☐ State/Local 0	
A Small Business:	☐ Yes	☐ No			
Certified Small Disadvantaged Business: (1)	☐ Yes	☐ No	(1) If SDB Certified, please provide Expiration Date and provide a copy of SBA letter of SDB certification:  (2) If 8(a) Certified, please provide Expiration Date and provide a copy of SBA letter of 8(a) certification:		
Woman-Owned:	☐ Yes	☐ No			
8(a) Certified: (2)	☐ Yes	☐ No			
HUBZone Certified: (3)	☐ Yes	☐ No			
Service Disabled Veteran:	☐ Yes	☐ No	(3) If HUBZone Certified, please provide certification date:		
Foreign-Owned:	☐ Yes	☐ No			
List Product(s)/Service(s) your company provi	,				
<b>Notice:</b> Under 15 USC 645 (d), any person w business concern in order to obtain a contract Small Business Act or any other provision of F	to be awardederal law	ded under the that specificial	preference programs esta	blished pursuant to sec	tions 8(a), 8(d), 9, or 15 of the
<ol> <li>Be punished by imposition of fine, impriso</li> <li>Be subject to administrative remedies, inc</li> <li>Be ineligible for participation in programs</li> </ol>	luding susp	ension and de			
I hereby certify that the information provided of	on this form	is accurate ar	nd complete.		
Authorized Signature:					Date:

Procurement and Materials Management WASHINGTON SAVANNAH RIVER COMPANY

The WSRC Team: Washington Savannah River Company LLC • Bechtel Savannah River, Inc. • BNG America Savannah River Corporation • BWXT Savannah River Company • CH2 Savannah River Company